**MEDICAID ELIGIBILITY NOTICE**
*Day v. Humphreys* Class Members
State Form 50799 (2-02) / FI 0043

**Date of Notice**: _____

| Name | Caseworker |
|---|---|
| Address | County Office of Family and Children Address<br><br>Telephone |

☐ Your Claim for Medicaid benefits under the *Day v. Humphreys* lawsuit has been allowed. Medicaid coverage has been authorized for you back to _____.

You have Medicaid coverage now, and as a class member under the lawsuit, you are entitled to keep Medicaid coverage for 6 months. This automatic coverage will end _____.

<u>If you want Medicaid to continue after 6 months, you will need to file a Medicaid application with the County Office of Family and Children no later than 90 days after you get this notice.</u> If you have not already done so, you can file your application by visiting the Office of Family and Children or calling your caseworker listed above. If you file your application within the 90 days, we will keep your Medicaid coverage open until we make a decision on your application, even if it goes beyond your 6 months of automatic coverage. If we deny your application, you can file an appeal, but your coverage will be interrupted. If we approve your application, Medicaid coverage will continue.
If you don't file your application within 90 days of this notice, your Medicaid will end on _____. We will continue to process your application, if you filed one. However, your coverage may be interrupted. If we deny your application, you may file an appeal.

☐ Your Claim for Medicaid benefits under the *Day v. Humphreys* lawsuit has been allowed. Your coverage begins _____ and ends _____ because you had a later denial for a reason not covered by this lawsuit.

Important information is on the back of this Notice about getting your bills paid and also about appeals.

☐ Your Claim for Medicaid benefits under the *Day v. Humphreys* lawsuit has been disallowed because:

- ❑ You did not file your Claim within the required time period.
- ❑ Your original Medicaid application was denied for other reasons, not just because a determination was made that you did not meet the Disability definition. The reason(s) is/are:

_____
_____

Even though your Claim has been disallowed, you can file a Medicaid application at any time. Once you receive a decision on the application, the notice will tell you how to appeal. If your application is denied, your appeal can include the denial as well as this disallowance of your Claim under the lawsuit. If your application is approved, you can appeal the effective date to get re-consideration of your Claim under the lawsuit. For any appeal in this circumstance, you will need to show proof of your medical expenses that you believe should be covered under the terms of the Day lawsuit.

If You Believe Our Decision is Wrong

You have the right to appeal and have a fair hearing. An appeal will be accepted if it is received within 30 days of the date of this notice. We will allow 3 extra days for mailing.

If you wish to appeal, send a signed letter to your local Office of Family and Children at the address at the top of this notice. If you prefer, you can send your appeal to the Indiana Family and Social Services Administration, Division of Family and Children, Hearings and Appeals, Room W392, Indianapolis, IN 46204. If you have any questions, please contact your caseworker.

You will be notified in writing of the date, time, and place for the hearing. You can represent yourself, or have someone represent you such as an attorney, friend, or relative. If you wish to have legal representation and you cannot afford it, you may call the Legal Services Organization serving your area at (800) 869-0212.

How to Deal With Old Medical Expenses if You Are a Day Class Member

If you incurred medical expenses for Medicaid-covered services at any time since your eligibility date, those expenses are reimbursable. If you have been billed for those services but you have not yet paid, you should immediately inform the medical provider that you were eligible for Medicaid at the time of the service and give your provider a copy of this notice, your Medicaid card, or other identification. The medical provider can then obtain reimbursement for the services from the Medicaid agency, and the provider will stop billing you for those services.

If you paid for the Medicaid-covered services yourself, you can be reimbursed for the full payment you made for the service by contacting the medical provider directly. **The provider is required by the Medicaid agency to pay you back for the full amount you paid for the service.** The provider can then obtain reimbursement for the services from the Medicaid agency.

To obtain reimbursement from medical providers for Medicaid-covered services you already paid for, take this notice, your Medicaid card, or other identification, and your bill or receipt for the service to the medical provider and ask to be reimbursed. If you no longer have the receipt for the service, you can check with the provider to see if it will accept some other form of verification or if the provider has its own records of your payment for the service.

If the medical provider refuses to reimburse you for payments you made for Medicaid-covered services after your eligibility date, even after you provide proof of the payment and proof of your Medicaid eligibility, please call the following telephone number immediately to report the provider's failure: 1-800-457-4584 or (in Marion County) 317-713-9627. We will then inform the medical provider it must reimburse you. **If the provider still refuses to reimburse you, we will directly pay you for the cost of the Medicaid-covered service as long as the following is true:** 1) you have proof of the amount you paid for the service, 2) you have proof of the type of service you received, 3) the service is one that is covered by Medicaid, and 4) the service was provided to you on or after your Medicaid eligibility date. You must submit your proof of payment no later than August 11, 2003 to:

EDS (Day Lawsuit Claim)
P.O. Box 7259
Indianapolis, IN 46204

**If your payment cannot be verified, the provider is under no obligation to reimburse you, and you will not be eligible to receive reimbursement from the Medicaid agency.**